

**ARKANSAS INSURANCE DEPARTMENT****2004 AID AC SCHEDULE WC**

ACCOUNTING DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE: (501) 371-2605
www.arkansas.gov/insurance/

ACCOUNTING DIVISION
DUE MARCH 1, 2005

___ ORIGINAL FILING

___ AMENDED FILING

**WORKERS' COMPENSATION COMMISSION
ADDITIONAL TAXES**

STATE OF DOMICILE	NAIC GROUP CODE	NAIC COMPANY CODE (5 digit code)
COMPANY NAME		
MAILING ADDRESS		
CONTACT PERSON		
TELEPHONE NUMBER	EXT	FAX NUMBER
EMAIL ADDRESS		

DIRECT WRITTEN PREMIUMS FOR 2004 (PAGE 20, LINE 16 ANNUAL STATEMENT) \$ _____**ARKANSAS TAX**

1. WC WRITTEN MANUAL PREMIUM FOR 2004
(AS DEFINED BELOW*) \$ _____
2. WORKERS COMPENSATION FUND TAX OF 1.5%
(MULTIPLY PREMIUM ON LINE 1 BY 1.5%) \$ _____
3. SECOND INJURY TRUST FUND OF TAX 0.2%
(MULTIPLY PREMIUM ON LINE 1 BY 0.2%) \$ _____
4. DEATH & PERMANENT DISABILITY TRUST FUND TAX OF 1.3%
(MULTIPLY PREMIUM ON LINE 1 BY 1.3%) \$ _____
5. TOTAL OF ALL TAXES DUE (LINE 2 + 3 + 4) CANNOT BE LESS THAN ZERO
ENTER THIS FIGURE ON FORM AID AC PC-T, SECTION G(22) \$ _____

THIS SCHEDULE IS SUBJECT TO AUDIT VERIFICATION

- DEFINITION: "Written manual premium shall mean premium produced in given year by the manual rates in effect during the experience period and shall exclude the premium produced by the expense constant. Further, written manual premium for the purpose of this law means premium before any allowable deviated discounts, any experience rating modification, any premium discount, any reinsurance or any deductible arrangement as common with fronting carrier, any dividend consideration or other trade discount" (ACA 11-9-303 (b) emphasis applied). The tax is to be computed from premiums that would have been produced by the manual rate even if much less or no premium was collected.

AFFIDAVIT

STATE OF _____

COUNTY OF _____

ATTACH ONE CHECK MADE PAYABLE TO THE WORKERS' COMPENSATION COMMISSION FOR THE TAXES DUE.
CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.

COMES _____ AND STATES ON OATH THAT HE/SHE IS THE

_____ OF _____
(TITLE) (NAME OF COMPANY)

AND THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AS SHOWN BY THE RECORDS OF SAID COMPANY.

(ORIGINAL SIGNATURE OF OFFICER)

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, ON THIS THE _____ DAY OF

_____, 20____.

MY COMMISSION EXPIRES _____

NOTARY